

Select originating cluster

Action Request Transmittal

Cat	herine A. Cooper, Deputy Assistar	Number: SPD-AR-04-020						
Autl	horized Signature	<u>Issue Date:</u> 04/14/2004						
Topi	ic: Long Term Care	<u>Due Date:</u> 04/25/04						
Transfer of Provider Information For Clients on the Dual Services List Subject: Transitioning to Developmental Disabilities								
App	lies to (check all that apply):							
	All DHS employees	County Mental Health Directors						
\boxtimes	Area Agencies on Aging	Health Services						
	Children, Adults and Families	Seniors and People with Disabilities						
\boxtimes	County DD Program Managers	Other (please specify): Brokerages						

Action Required:

1. Individual Plans

Clients on the dual service list will be transitioned as of April 30, 2004 and all payments for providers will be initiated from Developmental Disability Services effective May 1, 2004. It is therefore essential that the affected Brokerages and DD programs have service plans developed (ISP) no later than April 25, 2004 in order to allow time for final plan approval.

2. Provider Qualifications and DSO/MSO/AAA Coding

Brokerages and CDDP's must also obtain, document and complete all necessary information to assure provider qualifications and payment for services beginning May 1, 2004. Brokerages and Counties should use their regular provider enrollment process.

Providers paid through the SPD CEP or CBC/512 system have an existing provider number.

 For providers who are currently enrolled as Relative Adult Foster Care (provider type AF) the SPD office should send a notice to SPD Provider Services to BT the provider number. This change should not be made until after the April payments have been processed. The Brokerage or CMHP will manage the enrollment of the PA provider. The provider will receive a new number for the PA provider type.

- For provider who are currently enrolled as HK providers the enrollment change:
 - If the provider cares for other clients notify the Brokerage or CMHP that they will need to obtain a new number. They should make it clear that the provider wishes to retain the HK provider number. The provider will have two numbers, one for each program.
 - If the provider cares only for personal care clients the Brokerage or CMHP can submit the enrollment number but indicate that the provider type can be changed on the existing number from HK to PA. The provider does not need two numbers.

3. CMHP or Brokerage Documentation of Provider Qualifications

The essential documentation for provider qualifications is the same whether the plan is for comprehensive or support services. Tools are available in the *Support Services Guidebook* and has also been added to the Dual Waiver Hot Topics web page at http://www.dhs.state.or.us/spd/tools/dualwaiv/index.htm and includes:

- Provider Responsibilities
- Provider Qualifications Checklist and Client Conformation of Minimum Qualifications
- Self-Directed Employer-Employee Records Guide

Provider Information from the DSO/MSO/AAA

Any provider used by the local DSO/MSO/AAA meets general Medicaid age (18 or over) and approved provider (not on CMS debarred list) requirements. Each local DSO/MSO office can assist in assuring provider qualification by providing verbal confirmation that a criminal history clearance has been completed and provide the date it was completed. The County Services Coordinator (SC) or Brokerage Personal Agent (PA) must document the shared information and the name of the person providing it) on the Provider Certification Checklist or other form used for this purpose. No new criminal history check will be required if the criminal history check has occurred within the last year. A local office may also be able to provide verbal confirmation that a current provider has met I-9 or legal worker requirements. This too should be documented by the Brokerage or CMHP. A new I-9 should be completed and added to a provider file as soon as possible following transfer on May 1st.

Additional Information Developed by Brokerage or CMHP

Please review referenced tools. The Services Coordinator or Personal Agent will assist in assuring

- **Job Description and Other Essential Information** rate of pay, schedule of hours worked, W-4 etc
- Knowledge of abuse, confidentiality, and incident reporting expectations
- Sign Off on Provider Qualifications

• If providing transportation, has a valid drivers license, a good driving record and proof of insurance.

3. Provider Payment Requirements

Provider payment requirements are no different than exist now for either support service/Brokerage services or for CDDP comprehensive services DD 49 plans

Brokerages Should Remember

For new customers beginning to access 20 hour Personal Care on May 1, 2004, the Medicaid Personal Care Assessment, Plan, and Authorization Form must be completed, submitted and fully processed by the SPD Provider payment Unit prior to May 1, 2004. If a Brokerage received verbal confirmation of the CHC, than a signed copy of Provider Checklist should be included with the material submitted to the Payments Unit. No approved provider should initiate work until this approval and a voucher has been received.

CDDP's Should Remember

No action is necessary to continue existing DD 54 or DD 53 payments. CDDP's must establish contracts and Fiscal intermediary payment processes for in home employees or contractors for transitioning individuals.

<u>Reason for Action:</u> Conformation of provider qualifications is required for payment of waiver funds. Initiation of payment processes assures no break in service for transitioning clients.

Field/Stakeholder review:	☐ Yes	☐ No
If ves, reviewed by:		

If you have any questions about this action request, contact:

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